

## Doctors fear that inequalities are slipping down agenda

Katherine Burke, *London*

Public health specialists in England fear that health inequalities are slipping down the government's agenda as two new policy documents have failed to set national targets for closing the health gap.

Neither last week's white paper on public health nor an official report on health inequalities, published with minimal publicity at the same time, set national targets, and neither offered any extra money to improve health in the country's poorest boroughs.

Although the government plans to save 300 000 lives over the next 10 years—from suicide, cancer, accidents, and heart disease and strokes—no parallel targets have been set to tackle health inequalities, and none of the £96m (\$154m) public health development fund pledged in the white paper, *Saving Lives: Our Healthier Nation*,

has been earmarked for tackling inequalities.

Instead both the white paper and its associated paper on inequalities require health authorities to set their own local targets for reducing the health divide. Margaret Whitehead, professor of public health at Liverpool University and a member of the Acheson inquiry team, which reported on health inequalities last year, welcomed the setting of local targets but would have liked to see some national targets as well.

"Tony Blair committed his government to end child poverty by the year 2020. That was both a national target and a health equity target, and I would have liked to see something like that in this public health strategy," she said.

Public health directors in England's poorest areas are dismayed that they will receive no funding to bring them to the level of

richer neighbours. "One would hope for at least a modernisation fund for health inequalities," said Dr Bobbie Jacobson, director of public health at East London and the City Health Authority.

"We would have to double our cardiac intervention rate to bring us closer to the national norm," she added. To do that would mean moving part of the budget from some other area, which the authority could ill afford to do.

In its inequalities document, which can be seen as a response to the Acheson report, the government unveils plans to cut the number of people sleeping rough by two thirds by 2002. Officials are discussing with the food industry the possibility of reducing salt levels in processed food, and the Social Exclusion Unit is examining ways of improving shopping access in deprived areas.

A week's course of nicotine replacement therapy will also be provided free to the poorest smokers. Government funded researchers are investigating why fewer poor mothers breast feed, and infant feeding advisers have been appointed to increase the

prevalence of breast feeding.

Professor Michael Marmot, a member of the Acheson inquiry, is "delighted" that the government is taking the committee's report "very seriously," but he has doubts about some of the initiatives. "The welfare to work and healthy schools programme are potentially important. I'm pleased that health action zones exist and that health authorities are being urged to work with local authorities," said Professor Marmot, who is professor of epidemiology and public health at University College London. "But it's more difficult for me to assess how much these other activities will reduce inequalities in health. We need to keep a watching brief on these."

In an official statement Sir Donald Acheson welcomed publication of the white paper and accompanying report on health inequalities. The committee plans to meet in the autumn to evaluate the effects of the two reports. □

*Reducing Health Inequalities: an Action Report* is available free from the Department of Health (fax: 01623 724524).

## Quebec nurses enter third week of strike

David Spurgeon, *Quebec*

A nurses' strike in the province of Quebec has found strong public support despite resulting in the cancellation of 16 000 operations and thousands of medical appointments. Some doctors have joined the picket lines with the nurses, who have continued to provide emergency cover and essential services.

A huge majority of the province's 47 000 nurses voted last weekend for a break of 48 hours in the strike, which has been going since 26 June, after the premier, Lucien Bouchard, agreed to resume bargaining. They went back to work temporarily on Tuesday but have vowed that they will continue their strike on Thursday if no further progress is made in resolving outstanding issues.

Nurses in Quebec have the lowest entry pay and the highest tax burden in the nursing profes-

sion in Canada. They have been defying legislation recently passed by the province's national assembly to force them back to work. The Quebec Federation of Nurses' president, Jennie Skene, last Friday broke the deadlock between the two sides after Premier Bouchard apologised for a secret memo (issued by his Parti Quebecois) urging members to attempt covertly to persuade the news media to take the government's side in the dispute. Claiming ignorance of the memo, Premier Bouchard said, "the suggestions of clandestine initiatives to manipulate public opinion are ill advised and unacceptable."

Although progress had been made on some issues before negotiations were broken off, the government has refused to budge on its salary offer of a 5% increase over three years. It is holding firm on this because the same offer is being made to some 400 000 other public service workers, and the government claims it cannot afford more and still achieve promised income tax cuts. The nurses, whose annual salaries range from \$C30 340 (£13 200; \$21 120) to \$C44 072 a year, are



Nurses' leader Jennie Skene broke the deadlock

demanding a 6% rise over two years plus 10% to give them wage parity with other professionals with similar training.

Already nurses have seen their pay docked up to \$C700 as a result of Bill 160, which deducts two hours' pay for every hour off work, while union leaders are losing three months of paid time for every day the strike continues.

The political ramifications of the nurses' strike could be considerable. Premier Bouchard and his Parti Quebecois are trying to establish what he calls "winning

conditions" before holding a referendum on sovereignty, widely forecast for next spring.

Other areas of Quebec's health service have been in a state of crisis in recent months. Hospital pharmacists and ambulance drivers are threatening to strike; 19 emergency room physicians in Montreal's Royal Victoria Hospital have already resigned as of 1 September; and physicians' professional bodies have blamed the government's severe funding cuts for the health service's deterioration. □